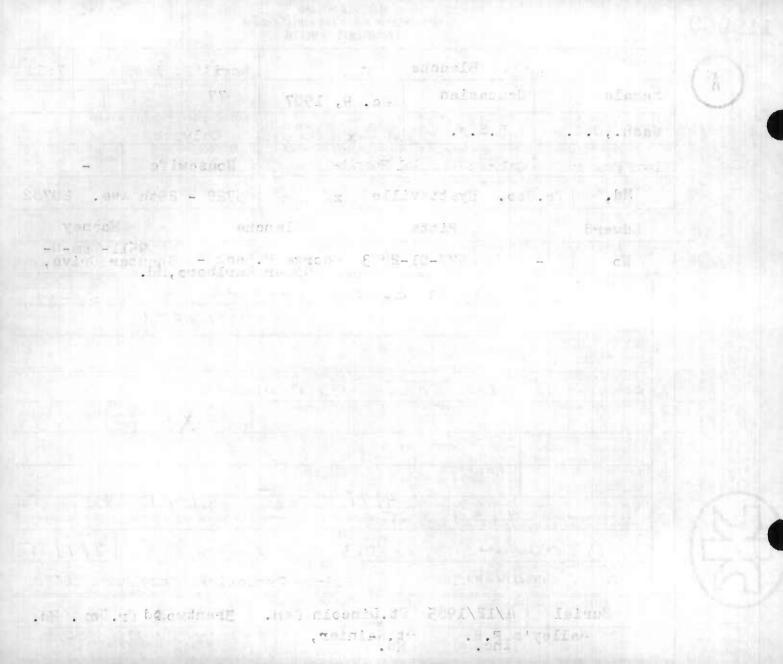
10	9109	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND JEALTH AND MENTAL H JICATE OF DEATH		G.NO.	5	
	Thomas 1	I. DECEASED NAME	FIRST	TO THE	MIDDLE		AST	20. DATE OF DEA	TH MONTH DA	Y YEAR	26 HOUR
å	poge 3	(TYPE OR PRINT)	Wil	son		В	AFFORD	April 9	, 1985		10:45A _M
d è	bo d	3. SEX		4. RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS L	AST BIRTHDAY) IF	F UNDER I YEAR	IF UNDER 24 HRS
4	ctor	Male		White		Dece	mber 26 1911	73	YRS.	DNIHS DAYS	HOURS MIN.
Pood	direction direction	To BIRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	DV2 II		9 BALTIMORE C	ITY OR COUNTY C	OF DEATH	
eogh.		Maryland		USA		WIDOWE	D NEVER MARRIED DIVORCED		rt		MD.
201	by the to	Prince Fre	derick	Calve	ert Memo	orial H	ospital	120. USUAL OCC (TYPE OF WORK FOR Shipya)	UPATION MOST OF WORKING LIFE) Mainte	126 KIND OF INDUSTRY Navy	F BUSINESS OR
AND 212	1235	USUAL RESIDENCE (130. STATE Maryland	136 COU	rother institution	135_CITY_OR T		13d INSIDE CITY LIMITS?	Rt.1 Box	ess 213	20	0637
K A L	15 A	FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N		DUE	LAST	1
W V	1 8 S	Columbu	S	W.	Baffor	rd	Rebecca			Barre	ett
IMORE	Poges medical	160 WAS DECEASED	EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES!	217-14		Edna . Ost	rom Rt.1 E	ox213 Hug	ghesvil	lle Md.
AL RECORDS, 201 W. PRESTON ST.	ician. Is been signed by the attending passing permit. Then please remove carbons giene prior to burial, cremation, or remarks stows any injury, or other traumatic eve	PART 2 OTHER	ony, which immediate stating the couse last	DUE TO, CO (c) CONDITIONS CONDI	C. O.	OUENCE OF	NOT RELATED TO THE TE	200 AUTOPSY	CONDITION GIVES 20b. IF YES, YES	WERE FINDIN ING CAUSES	NGS USED
DIVISION OF VITAL RECORDS,	this certificate by the burial-trained Mental Hydra dar Hem 18	OR CONTRIBUTION OF EITHER NOTE 216 INJURY OF	CAUSE OF DE	R) P	OF INJURY .M. MONTH .M. OF INJURY (REET, FACTORY, OFF	19	21c. HOW INJURY OCCU		DE INJURY IN ITEM 18 PAR	COUNTY	STATE
O HOSPITAL OR ATTENDIE	the haspital	saw the dobove, (1)-	ceased alive ar	ot) view the body		9 8).0	nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL	STAFF		
9	etained by TO FUNERA should be divith the Sta	Thomas	F. Lush	y, M.D.			Prince Fre	derick, Ma	aryland :	20678	
-	BP	230. BURIAL, CREMAN		23b. DATE	-1984		EMETERY OR CREMATOR	236 LOCATION	WN	COUNTY	aryland
DHM	AH - 16 50M 4/82 (VRA 15, 4)	Borgwardt		l Home	Port Re	,,	25a D	1.5 1985	TRAR 256 REGISTRA		URE

TELOS TELESTOS EL SE SE LES TELESTOS DE LA CONTRACTO DE LA CONTRACTOR DEL CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DEL CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DEL CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DEL CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE And the contest winds are the contest of the contes

DHMH - 16 50M 4/82 (VRA 15, 4)



FOR - STATE REGISTRAR

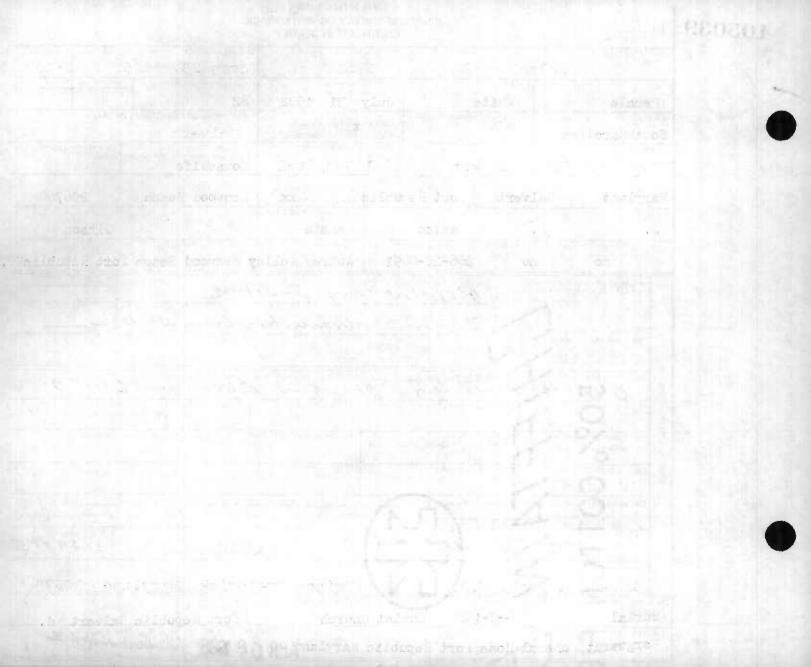
STATE OF MARYLAND	3
DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
CERTIFICATE OF DEATH	

		REGISTRAR		CEKTII	ICATE OF DEATH	REG.	NO.		
7121		CEASED NAME FIRST OR PRINT)	MIDDLE		AST	20. DATE OF DEATH	MONTH (AY YEAR	26 HOUR
deot		Charles	NMN		ROLL	April 6,]0:20 pm
s effec	3 SE	Male	White	S. DATE O	ist 24 1915	6 AGE IN YEARS LAST		IF UNDER TYEAR	HOURS MIN.
36	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY Calvert	OR COUNTY	OF DEATH	MD.
39	Pri	nce Frederick	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET Calvert Memor	ial H		12a USUAL OCCUPA (TYPE OF WORK FOR MOST Farmer	TION OF WORKING HE	126. KIND C INDUSTRY Emplo	OF BUSINESS OR
36	¹³ Mž	aryland 136 Cai	TOTHER INSTITUTION. GIVE RESIDENCE BEFORE WERT HUHTINGT		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE	20	639
examine 1		THER'S NAME Charles W. Car	2011		Elise L			LAS	i,
e medicol	No	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU 216 18 5		17 INFORMANT Lillian G. C		ms as #	1 3	
moval.		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), an ED BY. TE CAUSE (a)	-	Acrest			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
burial, cremotion, o ry, or other froumot		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	ediog encyof ediom	youk,	INAL DISEASE OR CO	NDITION GIVE	EN IN PART 10	0
ului kuo swa	CERTIFICATION	19a date of operation	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDING CAUSES	
era 18 sh		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	URY IN ITEM 18 PA	ART I OR PART 2)	
rked or li	MEDICAL	WHILE OT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, F		ZII LOCATION STREET	CITY OR T	own	COUNTY	STATE
21 із то		saw the deceased alive or	ratir attended the deceased from	\$5,01	nd that in (my) (out) apinion of	death accurred an the	date and have		that (II (we) last causes stated
NT: If Item		Mart 1	lustr-			MEDICAL ST.	AFF ICIAN []	22c. DATE	6-85
with the Stote IMPORTANT: If		Mark Kus	hner, M.D.		Box 262-	- Cornie	Frak	nt.	40
	Bu	urial, Cremation, Removal Tial	April 10, 1\$85	Sog	EMETERY OR CREMATORY	236 LOCATION	Cal	Maryla	nd STATE
50M 7/B4 5, 4)	Re Re	usen Funeral H	ome Owings Mds	20736	²⁵⁰ PAT	1 5 1985		idson-Pa	

Suffyred to the set felos a supplied to to O. Charles to the

			FOR STATE					MARYLAND HAND MENTAL	IYGIENE	1 3	0 4		
	127033		REGISTRAR		M	EDICAL EXAM	INER'S	CERTIFICATE C	F DEATH	REG. NO.			
	THESTOO		CEASED NAME	FIRST		WIDDLE		LAST	2e. DATI		MONTH D	AY YEAR	26. HOUR
10	T. SS. S. T.	1 ''''	E OR PRINT)	Wil	liam	Warren	· ·	JONES	OF DEAT	H MATED		19	
1	PLEASE RECTOR. IR FILES. HOURS	3. SEX		4. RACE	5. DATE OF BIRT	4 6 AGE (#	YEARS IF U			I E	AONTH D.	AY YEAR	2d. HOUR
no-	DIRECTOR I	at.	, .	D3 1	MONTH DAY			HS DAYS HOURS	MIN. PRONO	AD April	26	1985	9:20
1	A NO NO NO		.le	Black	Nov. 14	1925 59 WHAT COUNTRY?	YRS.		9 RAIT	MORE CITY OR			N. T.
-	FELISARY, OR YOUR WITHIN 72	FC	REIGN COUNTRY)			THE COUNTRY!		IED NEVER MARR	ED 📙			PEATH	
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0	第四世 グ			rederick	(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRES	551		FOR MOST OF W	UPATION (TYPE OF ORKING LIFE)	WORK 170.	OR INDUSTR	
	2008	100				rt Memoria GIVE RESIDENCE BEFORE ADM	-	Ital	Labor				
	E SEED S	13a. S	TATE	13b COUN	TY	13c. CITY OR TOWI	1551011)	13d. INSIDE CITY EIMITS?	13e. STREET ADD				
	# SAMOM		ryland	Calv	ert	Owings		YES NO 🔀	Box 310	-A		20736	5
	W HESSELL	1) F/	THER'S NAME		MIDDLE	LAST		15, MOTHER'S MAIDE	NAME	MIDDLE		LAST	
	# 22222	V	illiam		H.	Jones		Lena	V		Morse		
	NO SERVICE	16a. V	VAS DECEASEL	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS			
	BALTIM JRS ATTER 8 GIVE PR WITH FOR		Yes	1945	- 1946	213-22-0	968	Corina Jo	nes Box	310-A O	wings.	Md	
	SH SH SH SH		18 CAUSE O	F DEATH (Enter an		ne far (o), (b), and (c).)		-/	- /	. 0		APPROXIMATE	INTERVAL
	ON ST.		PARTIDE	ATH WAS CAUSED	D BY:	micai	trun	Minst	-41	lusa	-	ETWEEN ONSET	AND DEATH
		-		IMMEDIAI	DUE TO, C	R AS A CONSEQUENCE	E OF	Miny	fac	MI			
	W. PRESTON WITHIN 24 H BUCL IN ITEM WINER ALON TRANSIT PER NITAL HYGIE OR REMOVAL			is, if ony, which	1 0	1	- 42	0 11	/				
	W. P WEND MINE MINE NITA OR R			e to immediate stating the under-	(b)_C	OR AS A CONSEQUENCE	505	0.90					
	NAME OF THE PARTY		lying cau		00210,0	AS A CONSEQUENC	,E OF				400		
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	RECORDS TD BE EXECUTED BE EXE	z	PART Z UTNEB SIG	SMIFICANT CONDITIONS	CONTRIBUTING TO DEAL	N BUT NOT RELATED TO THE T	ERMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 (a).				
	L RECO	CERTIFICATION	19a DATE OF	OBSERATION	Tun com								
	SHOULD OND "PE CHIEF NE USED A LE US	2	198 DATE OF	OPERATION	14P CONF	DITION FOR WHICH OI	'ERATION W	'AS PERFORMED?			1 21	AUTOPSY?	
	F VITA WORD WORD FE CHIE ENTOF	E										YES 🗌	NO 🗌
	N OF VITA CATE SHO THE WORD THE CHILD BE US TO BE US		UNDERLYING	L CAUSE WAS	HOUR A.	dfinjury M. month day yi	EAR 21c. H	OW INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18 PAR	1 OR PART 2)		
	SA PA	3	CONTRIBUTIN	NG CAUSE OF E							-	J. 10	
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	R: TE, VRW NRW R: PV	10	22a Leartif	w that I tack chara	e of the remains d	escribed above, held a	n Autop	sy , Inspectio	n . Inquir	andi	n my opinia		
	EXAMINER: CERTIFICATE ULD BE FORV DIRECTOR: WITH THE S WARYLAND,		deoth resulte		ol couses .	Accident .	Suicide		Undetermined		i my opiniai		
	REGIEN HER		deom resolie	d from: 14df01	or couses [Accident .	ouicide	, Homicide .	Undetermined	monner,			
	X S S S S S S S S S S S S S S S S S S S	1	ACTUAL	Alla	10.1	Brus	_ /	TITLE (SPECIFY)			DATE 4	4/2/	16
	ZHE SEE ST	1	SIGNATURE.	Eurog	1	HOLLING		0	MEDICAL EXA	AMINER	SIGNED	jugo	115
	MEDIA CCUTE SE 4 S FUNE FINE		EXAMINER'S	NAMEE mad R	A1-Ban	na. M.D.		Princ	e Freder:	ick. MD	20678	3	
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. NPAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SITE BACTIMORE, MARYLAND, 2'	22- 0		,			CEMETERY -	ADDRESS			20070		
		(S	PECIFY)	ION, REMOVAL 2		23c. NAME OF			23d. LOCATION CITY OR TOWN		COUNTY	STA	TE
	BP	2A E	Buria UNERAL DIREC		lay 1, 19	85 St. Edm	onas C	hr. Cem.	Sunder:		lvert	Md	
	DHMH - 17		NAME		ADDRE	SS			A A A	KAR [238. REGIS]]	MK 5 SIGN	ATURE	
	(VR A15 ME (5))	Spe	encer E	. Sewell	Box 31,	Prince Fr	ederic	K, Ma MAY	KILL	Advertige 1	C31-700	della	4

lade Plants for the cold tring - this little - 15 orange topol mario | 15 - 1-15 Airt - 1991 president and the state of the page of the state of the state



A'S HINE.

(VRA 15, 4)

AND THE RESERVE AND ADDRESS OF THE PARTY OF Committee of the commit

126152	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND 5 IENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	SIENE REG. NO.	3 5 /
nay be page 3 r death		CEASED NAME FIRST	es Webster	Lyon5	20. DATE OF DEATH MO	MM
ge 4 mo	3. SE	MALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR 12 18 1907	6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
Meath. Po		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNIDOWED DIVORCED	BALTIMORE CITY OR	
offer of the function of the f	P	r. Frederick	CALVERT MEN	IORIAL	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V FARM IN	VORKING LIFE) INDUSTRY
12 AND 22	13a.	Deruland Coo	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13t. CITY OR TOWN	YES NO	130 STREET, ADDRESS	el Rd 20754
1 10 40	-	Thamas F	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WIDDLE	Armare
TIMORE be executed on ond control of the control of	16a. \	VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES 166. SOCIAL SECU	RITY NO. 17. INFORMANT	Lucas sci	no. CO #13
ST., BAL strificate g physici on paper removal.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	Try one couse per line for (a), (b), one ED BY: TE CAUSE (a) P Neu Ho	N (A	U	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death contending offending of troumotic community of troumotic community.		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	NCE OF einer's Disea	١٤	
that the d by the ease rem ol, cremo		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
ORDS, 20 requires en signee Then pl or to burn rinjury, c	NOI	Renal F	ailue, URII		o .	
TAL RECOR	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO D	20b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
OF VI	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY I	N ITEM 18 PART 1 OR PART 2)
VISIO	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	
A ATTENDINA hospital or of RECTOR; Afti ed for use as pp. of Health em 21 is mor	1	sow the deceased alive or above (n)(we) (did) (did no	pital) attended the deceosed from APRIC ZG 19 S	ond that in (my) (our) opinion	, , ,	and hour and from the causes stated
Schep Sep	5	22b. SIGNATURE Will. S.	necessary		MEDICAL STAFF DIRECTOR PHYSICIA	26 April 8
TO HOSPITAL of retained by the TO FUNERAL I should be deto with the State I IMPORTANT: #		W-B-Freed	serv- M.D.	Owensuille M		1 Owcasulle Reed est River Md 20778
BP	7	BURIAL, CREMATION, REMOVAL	April 2985 5	mithulle	DUNGA K	Calrent mo
DHMH - 16 50M 4/B2 (VRA 15, 4)	24.54	ROWSCH FUN	eral Home one u	1109/11 20734MAY	O 1 1985	b. REGISTRAR'S SIGNATURE

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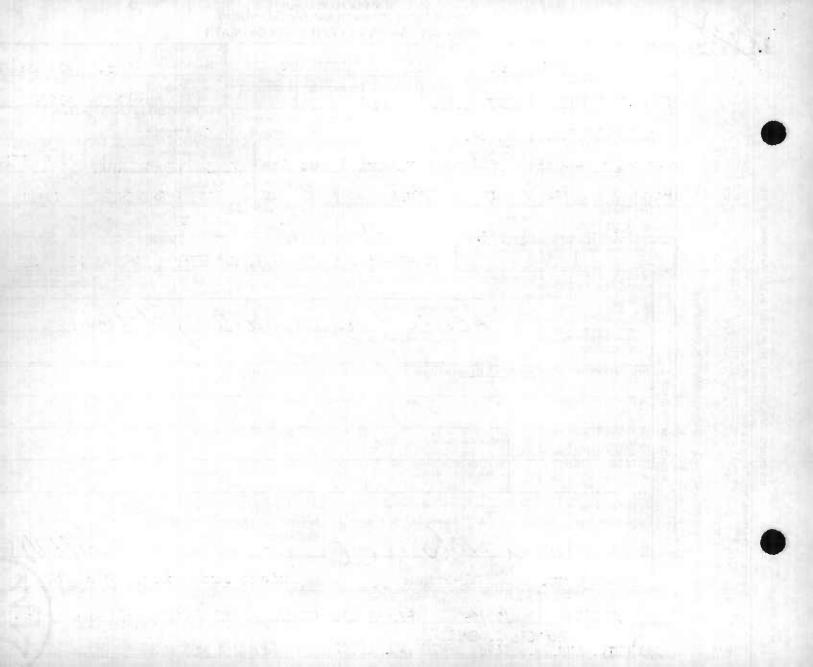
DHMH - 16 50M 4/82 (VRA 15, 4)



(VRA 15, 4)

STATE OF MARYLAND

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20129 H		GISTRAR ASED NAME FIRST	/VIE	MIDDLE	IEK 3 (LAST	20. DATE KNOW!	NO.	DAY YEAR 21	b. HOUR
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世帯 1	SEX	4 RACE	5. DATE OF BIRTH	6 AGE (INYE	ARS IF UN	IDER 1 YR. IF UNDER 24 HRS	2c. DATE	1101 . 1		d HOUR
2	FEM	ALE WHITE	SFPT 3	YEAR LAST BIRTHD		HS DAYS HOURS MIN	PRONOUNCED DEAD 2	pril 17	7.191985	5 M
	a BIRT	HPLACE (STATE OR	76. CITIZEN OF WE		1	IED NEVER MARRIED		TY OR COUNTY C		
1		SHINGTON.D.C.	U.S.A.		WIDOW	/ED X DIVORCED	Calver	t		MD.
a	D CITY	OR TOWN OF DEATH	II. NAME OF HOS	PITAL, NURSING HOMI	E, OR OTH		SUAL OCCUPATION R MOST OF WORKING LIFE	(TYPE OF WORK 12h.	KIND OF BUSIN	NESS
1	ri	nce Frederi	ck Calv			Hospital T	ELEPHONE	OPERATOR	PUST C)FFI(
	a. STA		TY	13c. CITY OR TOWN	ON)		REET ADDRESS			
Y			ARUNDEL	LOTHIAN		YES NOX X		NS CREEK	2071	11
2/1	4 FAT	HER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WIDDLE	000	LAST	
4	6a. W.A	SAMUEL AS DECEASED EVER IN U.S. AR.	J.	166. SOCIAL SECURIT	LL YNO.	MARJORIE 17. INFORMANT	ADDI	GORA	MAN	
1	YES.		WAR OR DATES)	579-26-7	808	ROBERT P. R	AFFFRTV	SAME AS	13	RON
-	_	CAUSE OF DEATH (Enter on	ly ane cause per line		000	I ROBERT TER	NI I E KI		APPROXIMATE IN	TERVAL
ا ن		PART I DEATH WAS CAUSE	D BY: TE CAUSE (o)						BETWEEN ONSET AN	NU DEATH
VQ.	4			AS A CONSEQUENCE	OF		1	1.		
HEALIH AND MENTAL PTGIENE,		Conditions, if ony, which gave rise to immediate		ul (ar	udy au	leuge	Laca	4	
5		lying couse lost.	DUE TO, OR	AS A CONSEQUENCE	OF					
	-	PART 2 OTHER SIGHIFICANT CONDITIONS	(c)	BUT NOT BELATED TO THE TERM	AINAL OICEAC	F OR CONDITION CHIEF IN BARY I		1		
		ARI Z OTILE JOHN CART COROTTORS	CONTRIBUTING TO BEATIN	BOT NOT KEENTED TO THE TERM	MINAL DISEAS	E OK COMULITOR GIVEN IN PAKE 1 10				
7	CERTIFICATION	9a. DATE OF OPERATION	19h CONDIT	ION FOR WHICH OPER	RATION W	'AS PERFORMED?			20. AUTOPSY?	
7	TIFK		2 4					0.000	YES 🗌	NO 🗆
2		IN EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M	INJURY MONTH DAY YEAR		OW INJURY OCCURRED (ENTER	R NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)		
1	CAL	CONTRIBUTING CAUSE OF	DEATH P.M	. 19						
	443	Id. INJURY OCCURRED WHILE NOT WHILE [OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR TOWN	COUNTY	4	STATE
	-	AT WORK AT WORK								
		220. I certify that I took charg	ge of the remoins des		Autop		Inquiry .	ond in my opinio	on	
W		death resulted from Natu	ral causes 🔲 .	Accident, Su	iicide		etermined manner			
BALTIMORE, MARYLAND, 2		ACTUAL COMA	dr.1	DADILL	-	TITLE (SPECIFY)	DICAL EXAMINER	DATE	4/17/	185
8.7		2000	7	// OAX				SIGNED_	11-112	
		TYPE OR PRINT) Dr.	Emad Al	-Banna		ADDRESS	Frederic	k, MD 2	20678	
2	3a BUF	RIAL, CREMATION, REMOVAL		23c. NAME OF CE		CIT	OCATION Y OR TOWN	COUNTY	STATE	
	A FLIN	BURIAL VERAL DIRECTOR	4/20/85		INCO		RENTWOOD SY REGISTRAR 1256	PRI GE		UD.
	P	NAME FRAN	CIS J. ADIGO	LLINS	0000	1.55	2 4005	Tourdson		13
5))	50	O UNIV. BLVD., W	SILVER	SPKING, MV.	2090	AFRZ	2 1485 L	NA SENTENT COMPANY		



EASED NAME OR PRINT) EMM RACE EMM RACE Negro THPLACE (STATE OR ROWN OF DEATH HUNTINGTOWN HUNTINGTOWN	5 DATE OF BIRTH MONTH DAY May 15 76. CITIZEN OF W USA	1917 67		NDALL NDER 1 YR. IF UNDER	26. DATE KNOWN OF ESTI- DEATH MATED X	X 4 5	19 85	b. HOU
emale Negro THPLACE (STATE OR EXPLOYINTY) aryland Y OR TOWN OF DEATH Huntingtown	5 DATE OF BIRTH MONTH DAY May 15 76. CITIZEN OF W USA	YEAR 6. AGE (LAST BI 67	IN YEARS IF UN	NDER 1 YR. IF UNDER	DEATH MATED X		19 85	
emale Negro THPLACE (STATE OR EXENCOUNTRY) aryland Y OR TOWN OF DEATH Huntingtown	May 15 76. CITIZEN OF W	1917 67	RTHDAY) MONT		24 HRS. 2c. DATE			
THPLACE (STATE OR EIGH COUNTRY) aryland Y OR TOWN OF DEATH Huntingtown	76. CITIZEN OF W				MIN. PRONOUNCED	MONTH D		2d. HOL
aryland y or town of death Huntingtown	USA	HAT COUNTRY?			DEAD	4 6		3:30
Y OR TOWN OF DEATH Huntingtown			8. MARR	IED NEVER MARR		_		
Huntingtown			WIDOV	VED DIVORC		rt Count	-	M
	(IF NOT IN SUCH EX Capit		ane	IER INSTITUTION	120. USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE) Domestic	PE OF WORK 12b.	KIND OF BUSII OR INDUSTRY	NESS
RESIDENCE (IF IN NURSING HOME OF		13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
	vert	Hunting		YES NO			20639	
HER'S NAME	MIDDLE			15. MOTHER'S MAID	EN NAME		LAST	
	.715004	Rice		Alice	MINDE	C		
AS DECEASED EVER IN U.S. AR.		166. SOCIAL SEC	JRITY NO.	17. INFORMANT	ADDRES			
	AR UR VATES	213-22-0	0650	Geneva L.	Coates Box 31	9-D Hun	tingtow	m, M
18 CAUSE OF DEATH (Enter on	ly one couse per line	for (a), (b), and (c))				APPROXIMATE IN	
	TE CAUSE (o)A	rteriosc	lerot	ic Cardio	ovascular dis	sease -		
	DUE TO, OR	AS A CONSEQUEN	ICE OF		Mary Mary San		70 5	
couse (o) stoting the under-		AS A CONSEQUEN	ICE OF					
lying coose iosi.	(c)					THALL		
PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 (a).			
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EXAMINER'S NAME (TYPE OR PRINT)Mar	garita A.	Korell, M	D	ADDRESS 111 I	Penn Street, Ba	alto,MD	21201	
RIAL, CREMATION, REMOVAL					123d. LOCATION			
	Apr. 12-8	5 Patuxe	nt Chr.	Cemetery	Huntingtown		Md.	
NERAL DIRECTOR	APARECO			250. DATE	REC'D. BY REGISTRAR 756 REC	SISTRAR'S SIGN	ATURE	
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	ARECASED EVER IN U.S. AR S, NO, OR UNKNOWN) 18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate couse (o) stoting the under- lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS 19a DATE OF OPERATION 21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a I certify that I took chars death resulted from: Notur ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) MACTUAL EXAMINER'S NAME (TYPE OR PRINT)	Alexander Alexander As Deceased Ever In U.S. Armed Forces? S, NO, OR UNKNOWN) IF YES, GIVE WAR OR DATES) 100 18 CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if ony, which gave rise to immediate couse (o) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH 19a DATE OF OPERATION 19b CONDITION 19b CONDITION 19b CONDITION 19c CONTRIBUTING OR CONTRIBUTING TO DEATH 21d INJURY OCCURRED WHILE AT WORK 22a I certify that I took charge of the remains deceived the couse o	Alexander Alexander As Deceased Ever In U.S. Armed Forces? S, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166. SOCIAL SECT 213-22-(18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if ony, which gave rise to immediate couse (o) stoting the underlying couse lost: (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 15d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held of death resulted from: Notural couses Accident ACTUAL SIGNATURE EXAMINER'S NAME MARGRAPH APR. BUT 12-85 Patuxei NERAL DIRECTOR	AREA AREA AREA AS DECEASED EVER IN U.S. ARMED FORCES? S, NO, OR UNIKNOWN) IR CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Conditions, if ony, which gave rise to immediate couse (o) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR STREET, FACTORY, FARM, ETC.) 210. L'ORTHON COURRED OR CONTRIBUTION OR	AS DECEASED EVER IN U.S. ARMED FORCES? AS DECEASED EVER IN U.S. ARMED FORCES? AS DECEASED EVER IN U.S. ARMED FORCES? AND CONTRIBUTION (IF YES, ONE WAR OR DATES) IN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate couse (a) stoling the underlying couse lost: (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 10a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 19 10a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? 10a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? 11b EXTERNAL CAUSE WAS 11c HOW INJURY OCCURRED P.M. 19 21c. HOW INJURY OCCURRED P.M. 21d. INJUR	Alexander Rice Alice As Deceased ever in u.s. armed forces? As Deceased ever in u.s. armed forces? And the part of the following of the f	AB exander Rice AS DECEASED EVER IN U.S. ARMED FORCES? AND DECEMBER OF CONTESS IN U.S. ARMED FORCES? AND DECEMBER OF CONTESS IN U.S. ARMED FORCES? AND DECEMBER OF THE AMERICAN OF DATES 13 - 22 - 0650 Geneva L. Coates Box 319 - D Hun 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). Conditions, if only, which gave rise to immediate couse (a) stoling the under- lying couse lost. Conditions, if only, which gave rise to immediate couse (a) stoling the under- lying couse lost. PART 2 OTHER SIGNIFICANT (ONDITION'S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE ETAMINAL DISEASE OR CONDITION GIVEN IN PART I (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS UNDRESTYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR THE NATION OF COUNTRY WHILE NOT	Alexander Alexander ASDECEASED EVER IN U.S. ARMED FORCES? ATTEMATION OF COUNTY OF CO

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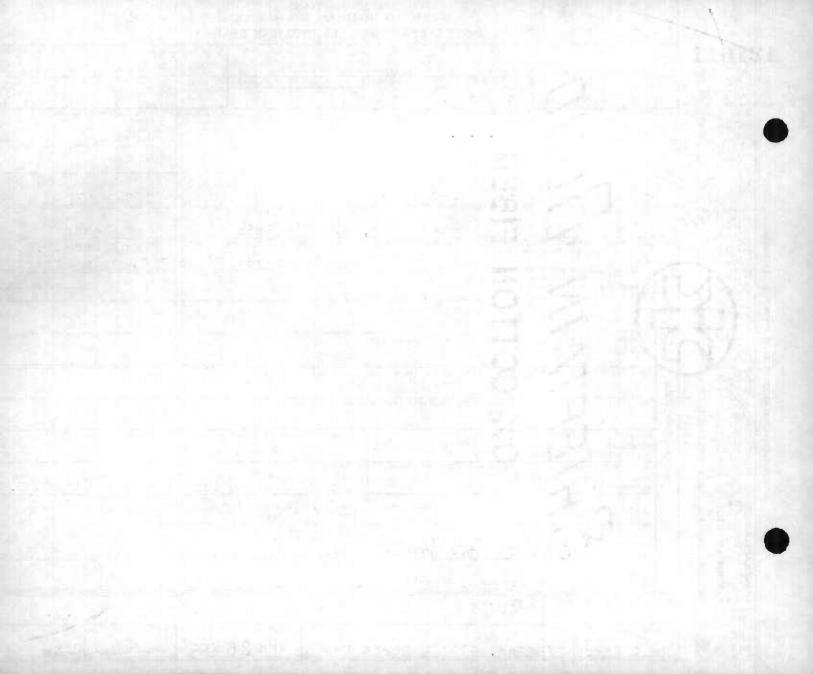
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BALTIMORE, MD.	S. GIVE PAGE WITH FORM I. PAGES 1 A DIVISION OF	(Y	/AS DECEASED EVER IN U (S. NO, OR UNKNOWN) (IF Y	.S. ARMED FORCES? ES, GIVE WAR OR DATES)	16b. SOCIAL SEC 220-26-		Clarice R		x 81, Hu	ntington	wn,Md
: 5	20 ₹ ₩ .		18 CAUSE OF DEATH (E	nter anly ane cause per lin AUSED BY:	Solve and (c)	and	hirilan	2		APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
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AL EXAMINER: T	EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USI AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIA		22a. I certify that I taal death resulted by m ACTUAL SIGNATURE	k charge of the remains d Natural causes 127,	Accident ,	an Autòp Suicide	, Hamicide , TITLE (SPECIFY)	Undetermined manner MEDICAL EXAMINER	and in my api	4/11/8	5
MEDIC	GE 4 S GE 4 S GE 4 S TER DE	-	EXAMINER'S NAME (TYPE OR PRINT)	Ween	nis		ADDRESS Afri	ulrug bu	on Mr.		
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[(VR	DHMH - 17 R A15 ME (5))		uneral director name name Dencer E. Set	well Box 31	Prince	Frederi	1.00	REC'D. BY REGISTRAR- 256	REGISTRAR'S SI	Pandall	76L 37

20639 P.O. Box 81 Reid Brown Olivia Lawrence 220-26-6308 Clarice Reid P.O. Box 81, Huntingtown, Md 00

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			IRST		MIDDLE		LAST			2a. DATE OF			DAY YEAR	2b. HOUR
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	3. SE			RACE	3 1 7 1	5. 1	ATE OF BIRT				ARS LAST BIF		IF UNDER 1 YEAR	IF UNDER 24 HRS
_ (1)	1	Female		Blac	k	A.	oril	18	1918	66		YRS.	MONTHS DAYS	HOURS MIN.
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2 23 20		TY OR TOWN OF DEATH	100	. NAME OF I	HOSPITAL, N			HER INS	NOITUTION	12a USUAL C		ION OF WORKING LIFE	12b. KIND (OF BUSINESS OR
200		ince Freder			Calve	ert Me	moria	1 Ho	spital		esti		I I I I DOSTKI	3.72
DIVISION OF VITAL RECOKUS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or otherding physician. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbanpapers. Pages, I and 2 should be filled that and Mental Bygene prior to burial, cremation, or remayod. The ord Mental Bygene prior to burial, cremation, or remayor.			Calve		13c. CITY OF		SSION) 13d. II YES		NO T	130. STREET A	DDRESS	de Jon	es RD.	20736
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execut and cc ages,		VAS DECEASED EVER IN I		D FORCES?	166 SOCIAL	L SECURITY	NO. 17. IN	IFORM.			ADDR	ESS		
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low re os been os been de prior ne prior	CERTIFICATION	190 DATE OF OPERATION	٧	196 COND	ITION FOR V	VHICH OPE	RATION WA	S PERFO	DRMED	200 AUTO	PSY?	20b. IF YES	, WERE FINDI YING CAUSE	NGS USED S OF DEATH?
IAI	E	21g. ACCIDENT WAS UNDERLY	ING []	21b. TIME O	F IN ILIPY		210 1	AL WOR	JURY OCCURR		NO		S 🔲	NO 🗌
O'SPHYSICIAN: The Intending physician pr this centificate ha the buriol-transit p and Mental Hygien red or Item 18 show	MEDICAL C	OR CONTRIBUTING CAUS	E OF DEATH		M. MONTI	H DAY	YEAR	10 44 114	OURT OCCURR	ED (ENTERNAT	URE OF INJU	RY IN ITEM 18 PA	ART 1 OR PART 2)	
PHYS and it his of Monday	AED!	21d. INJURY OCCURRED		21e. PLACE	OF INJURY	OFFICE FARM I		OCATIO			CITY OR TO	IWN	COUNTY	STATE
orke orke	1	WHILE NOT WHILE					. 10		A=		Lul		0-	
OR ATTENDI ne hospital ar DIRECTOR: A popt. of Heal		220.1 certify tha (1) thi saw the deceased a above (1) we) (did):				from US	ond that	(my)	(our) opinion d	, to leath accurred	on the di	ate and hour	and from the	that (1) (we) last couses stated
OR A ne hos DIREC oched Dept.		22b. SIGNATURE	0.0 11.0 / 11	1 7 14	oner deam.		DEGRE						22c. DATE	SIGNED
TAL O yy the RAL DI detacl tote Do		U	411	19/	~			-	PHYSICIAN	MEDICAL DIRECTOR	STAI PHYSIC	FF CIAN [4-	16-85
O H O O A		Ronald Ro					22e. /	ADDRES	SS				0067	0
TO HOSI	-								nce Fre			ryland	2067	3
BP	23a. 6	URIAL, CREMATION, REA		April	20-85		of CEMETE		em.	23d. LOCAT	RTOWN	town,	Calver	t Md
DHMH - 16 50M 4/B2		INERAL DIRECTOR	A 18		ADD	ORESS.			25a. DATE	REC'D. BY RE			RAR'S SIGNAT	URE
(VRA 15, 4)	Sp	encer E. Sew	rell	Box 3	1, Pri	nce F	rederi	ck,	Md A	PR 19	1995	Lesin	Kil	Marken

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN X MONTH 2h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Richardson Clyde 21 1985 4 RACE AGE LINYEARS IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY 9:20 PRONOUNCED 23 62 male black 23 YRS DEAD 1985 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Virginia U.S.A. WIDOWED [DIVORCED Calvert County, 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Prince Frederick Calvert Memorial Hospital SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 30. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Calvert PrinceFrederick P. O. Box 187 20678 NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Clyde MIDDLE MIDDLE Richardson, Sr Virginia Logan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESCOUIS burg, N.C. LYES, NO. OR UNKNOWN) NO N/A Richardson F/H 607 S. Main Street 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Stab wound of chest IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNRAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARMENT OF HIBATTRIMORE, MARYLAND, 21201 PRIGR TO BURIAL. YES X NO 210 EXTERNAL CAUSE WAS HOUR AND MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOR HOUR XXX CONTRIBUTING CAUSE OF DEATH CST & M. 21 19 85 4 Subject stabbed 21e PLACE OF INJURY 211 LOCATION WHILE AT WORK Parker's CreekRd, Port Republic, Calvert, MD. Autopsy X 22a. I certify that I took charge of the remains described above, held on ond in my opinion Homicide X deoth resulted from Notural couses Suicide Undetermined monner TITLE (SPECIFY) DATE Assistant 4/22/85 EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. Balto.MD. TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery 230. BURIAL, CREMATION, REMOVAL BURIAL 4/28/85 236 LOCATION N.C. STATE Washville, BP 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** APR 26 1985 ta Davidson (VR A15 ME (5)) Wm C March F/H Inc. 1101 E North Avenue

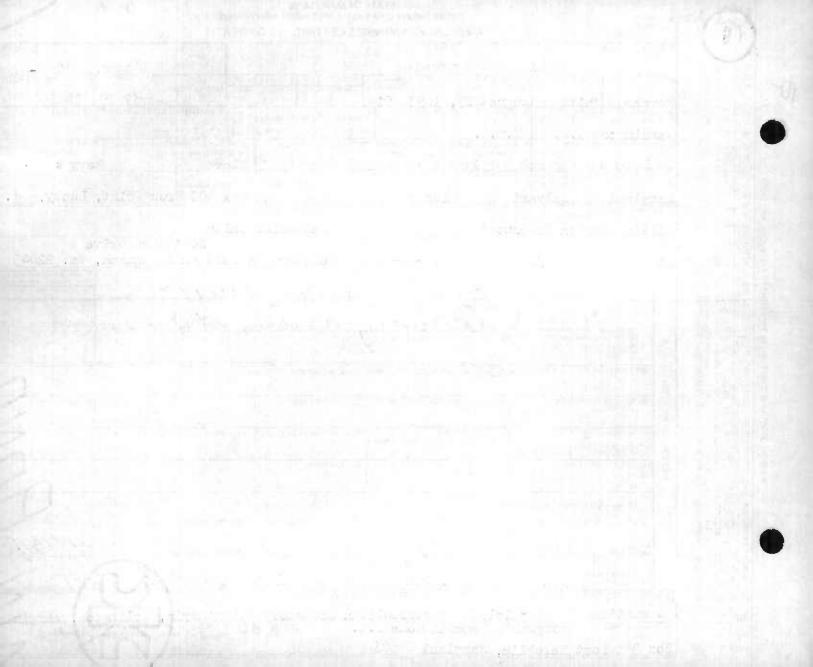


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 127020 CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME LAST 7b. HOUR poge 3 Arthur 4:40A. F SORRELL. Sr. April 24, 1985 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4 RACE 3. SEX MONTH YEAR Male Black 1911 June 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Maryland WIDOWED DIVORCED [Calvert 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Prince Frederick Calvert Memorial Labor Hospital USUAL RESIDENCE 1 IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1136. COUNTY 1136. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? RD-2. Sollers Rd. 20657 Lusby Calvert NO K Marvland 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Lillian Gross Sorrell Robert 17. INFORMANT 166 SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES, GIVE WAR OR DATEST 216-10-1611 Hannah Sorrell Rd. 2, Sollers Rd. Lusby, No 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). FAILURE PART I. DEATH WAS CAUSED BY CONGESTIVE HEART FEW IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DISEASE LUNG CHRONIC Canditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 A L CO HOLIC DIVISION OF VITAL RECORDS. CHRONIC LUNG DISCASE (3 CHRONIC RENAL LIVER CERTIFICAT 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES. WERE FINDINGS USED ISED IN CERTIFYING CAUSES OF DEATH? YES T NO [NO 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF FITHER NOTHEY MEDICAL EXAMINERS P.M. 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred an the date and haur and fram the causes stated saw the deceased alive on 44 24 obave, (I) (we) (did) (did not) view the bady after death 226 SIGNATURE DEGREE 221 DATE SIGNED MEDICAL ATTENDING ! should be den with the Store IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LTYPE OF PRINTS 22e. ADDRESS Anwar T. Munshi, M.D. Prince Frederick, Maryland 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN Apr. 27-85 St. Johns Church Cem. Burial Lusby Calvert BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 Spencer E. Sewell Box 31, Prince Frederick, Md (VRA 15, 4) Residence Brokato

file Akon dig appet a Soul after contact of the contac total instruction, -- or ment vasual stavious instruct second diemos 0.000 Brayled apr. 27-0 - In Johns Charch Cas. 1903; Calvert to the biggers. I. easily that it, Foliage eradurich, it is a

DHMH - 16 50M 1/76 (VR A 15 (4)) STATE OF MARYLAND

Marija - Latin Barana



/		CEASED NAME	FIRST	J 0995	ah	LAST		20. DATE OF DEATH		DAY YEAR	26. HOUR
1/	(117)	ORPRINT	John	Jos	seph-	WHITE	Jr.	March 28,			6:54 <u>r</u>
(A)	3. SE	x M al e		White		Date of Birth	20 1985	6. AGE (IN YEARS LAST	r sirthday) YRS.	MONTHS DAYS	HOURS
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159	-	ince Fred			PITAL, NURSING	HOME OR OTHER I		12a. USUAL OCCUP (TYPE OF WORK FOR MO Hotel Mai	ATION IST OF WORKING LI	126. KIND O INDUSTRY	F BUSINES
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STATE OF MARYLAND 105037 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME KNOWN F LITYPE OR PRINTI Elizabeth YOE March 30,85 Mae DEATH MATED 8:45 3 SEX 4. RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 02/07/21 White 64 YRS DEAD Female TO BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Calvert Pennsylvania USA WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17a. USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY Prince Frederick School Teacher Box 56 JSUA! RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! 13e. STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 20678 Calvert Prince Frederickes NO DE RD 1 Box 56 Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Gosnell Elizabeth Degitz rank 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 14b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 175-16-8134 John W. Yoe RD1 Box 56 Prince Frederick Md no no CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, il any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. ED AS A BU HEALTH AN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [PEN 710 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 71c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME 21d INJURY OCCURRED TIL LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held an Autopsy ond in my opinion death resulted fram: Natural courses Homicide Undetermined monner SAGNATURE EXAMINER'S NAME TYPE OR PRINT) ADDRES: 25 230. BURIAL CREMATION, REMOVAL 1236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE -1984 Christ Church Port Republic Calvert Marylan BP 74 FUNERAL DIRECTOR Julie Davidson Randolle **DHMH - 17** PORT REPUBLIC WARDT (VR A15 ME (5)) 20M 4/B2